

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10-11091663
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2		/					52					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL D.	2						TOTAL IND.					
TOTAL P.	18						TOTAL DEP.					
TOTAL AIMS	20						TOTAL CLAIMS					